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4 April 2009

C+D

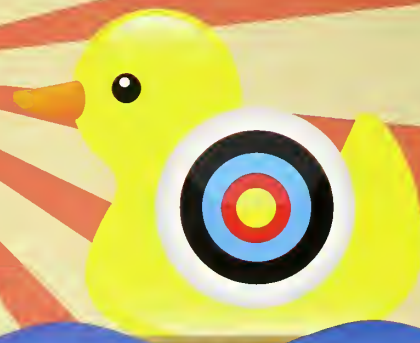
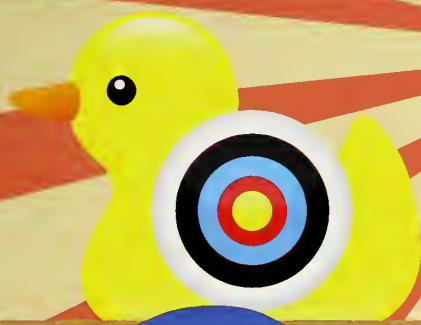
Still on target?



The White Paper
one year on



Special report: pages 4-5





When hayfever strikes,



sanofi aventis

Because health matters

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Chemist+Druggist

news+education+tools for the pharmacy community

Comment from the Editor

Rewind 12 months and community pharmacists throughout England were eagerly poring over the government's latest vision for transforming the sector.

A "landmark paper" that should "complete the transformation of pharmacy to a clinical profession" was how England's chief pharmacist billed the publication of last April's white paper.

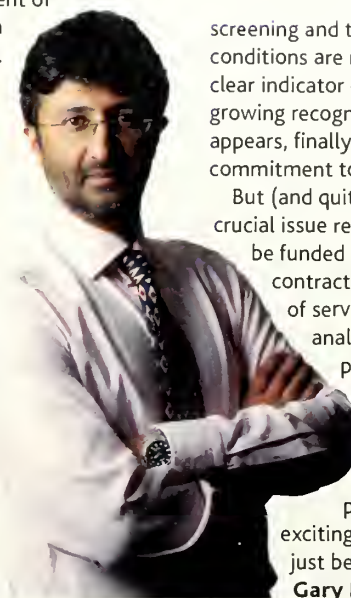
C+D's six-page special report described plans for minor ailment schemes in every PCT, the development of pharmacies as 'healthy living centres', improved MUR services, and better management of long-term conditions, to name but a few of the government's aspirations.

So, a year on and has it been just another false dawn for England's 10,000 pharmacies, or are we moving ever closer to delivering the promised world-class community pharmacy service?

Well, on balance, we have to give it a cautious thumbs up.

Yes, control of entry exemptions, category M clawbacks and the rest continue to be bugbears, but developments in areas such as leadership, education and services have been a welcome fillip (p4).

For anyone who qualified more than five years ago, the fact that topics such as prescribing,



“A year on, has the White Paper been another false dawn for England's 10,000 pharmacies?”

screening and the management of long-term conditions are regularly on the pharmacy agenda is a clear indicator of just how far the sector has come. The growing recognition of pharmacy's potential is, it appears, finally being matched by a concrete commitment to action by those in power.

But (and quite understandably), for many the crucial issue remains just how the new services will be funded and whether they will form part of the contractual framework. The wait for the cost of service inquiry to be completed and analysed certainly doesn't help those planning for the future while struggling with today's funding woes.

In a guest editorial in C+D 12 months ago, England's chief pharmacist Keith Ridge said the profession could look forward to an exciting future, and it looks as if he might just be proved right.

Gary Paragpuri, Editor

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● **TABPI Awards 2008**

Winner for news coverage

© CMP Media, Chemist+Druggist incorporating Retail Chemist, Pharmacy Update and Beauty Counter
Published Saturdays by CMP Media, Riverbank House, Angel Lane, Tonbridge, Kent TN9 1SE
C+D online at: www.chemistanddruggist.co.uk
Subscriptions: With C+D Monthly price list £240 (UK), without price list £190 (UK). ROW price £355.

Circulation and subscription: UBM Information Ltd, Tower House, Sovereign Park, Lathkill St, Market Harborough, Leics. LE16 9EF.
Telephone: 01858 438809 Fax: 01858 434958

Refunds on cancelled subscriptions will only be provided at the publisher's discretion, unless specifically guaranteed within the terms of subscription offer.

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1 YEAR ON

White paper reforms filter down to front line

» C+D finds the government is for the most part honouring its commitment to the pharmacy blueprint

Jennifer Richardson

Progress has been made on many areas of England's pharmacy white paper, one year after its publication heralded a "transformation" of the profession.

Although there are a few key missed deadlines, the government has fulfilled or is making steps towards many of the commitments it made in its blueprint for pharmacy, C+D has found.

The appointment of a community pharmacy tsar, plans to shake up pharmacy education, a summary care records access pilot, steps to strengthen PNAs and a national vascular screening programme are some of the targets that have been hit so far.

Major pharmacy bodies, including the NPA, PSNC, CCA and IPF agreed progress was being made. If there was little to show in terms of implementation, they said, much "preparatory" work and research was going on behind the scenes. "All of that's building the foundations for the next year going forward," said PSNC

head of information services Alastair Buxton.

But there was a need for a clearer "vision" of what policy would mean at the coalface, the NPA and CCA agreed.

The NPA called for three immediate commitments from the Department of Health that would have a tangible impact: a moratorium on 100-hour contract applications, guaranteed pharmacy leadership within the local and regional NHS, and investment in directed enhanced services (DES).

Lack of progress on DES – which will require PCTs to commission certain services, if needed, from pharmacy – is one of the most glaring missed targets. Discussions were due to begin last spring but have yet to get off the ground.

And control of entry problems, along with financial ones, could cause white paper progress to take "one step forward and two steps backwards", warned IPF chairman Fin McCaul. "The white paper is a good idea but the current environment we're working in is not conducive to getting good results from it," he said.

White paper hits and misses

BIG HITS



Clinical leaders

Jonathan Mason was appointed national clinical director for community and primary care pharmacy in October



Education

A shake-up of the pharmacy qualification is underway, linking it to other healthcare professions for the first time

WIDE OF THE MARK



Minor Ailments

Proposals to incorporate a national minor ailments scheme into the contract were due this spring, but PSNC says negotiations have yet to begin



DES

Moves to require PCTs to commission certain directed enhanced services from pharmacy were due to begin last spring, but PSNC says discussions have not started

Document on track, government says

"Good progress" is being made with the white paper, according to the Department of Health, despite some key deadlines appearing to have been missed. The DH continued to work closely with stakeholders and interested parties, a spokesperson said.

The DH had yet to deliver promised proposals to set up a national minor ailments scheme by spring 2009, and to work on directed enhanced services from spring 2008.

The spokesperson said the DH remained committed to these projects, but that they were subject to further discussions with NHS Employers and PSNC.

These two organisations have now presented proposals on

how MURs could be targeted to meet health needs, and funded to reward outcomes. The spokesperson said the Department was considering these plans.

The DH was also considering responses to the white paper consultation, which included matters such as 100-hour pharmacy contract applications, the spokesperson said.

Further details would be made "as soon as practicable", and the full report of the consultation published "in due course". **ZS**



Has white paper progress been good?
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Pharmacy bodies remain united for white paper

Pharmacy bodies must continue working together to realise the opportunities offered by the white paper, the NPA has stated.

NPA chief executive John Turk said: "The main challenges and opportunities can only be grasped if all those with an interest in community pharmacy pull together."

Mr Turk said pharmacy bodies had been working together "to establish a profitable and sustainable future at the heart of the NHS".

"Over the past 12 months the CEOs of the main pharmacy bodies have been meeting frequently to keep up the momentum and a number of 'pan-pharmacy action teams' have formed, each concerned with practical

implementation," Mr Turk said.

PSNC head of regulation Steve Lutener confirmed the pharmacy bodies have "worked together on many things over quite a long time".

He said: "When we have a message that's pharmacy related and we have a common position we try and work collaboratively."

The NPA, RPSGB, PSNC, CCA and AIMp pledged to work together to implement the white paper in September 2008. The five groups have received the support of England's chief pharmaceutical officer Keith Ridge. **CC**



Are pharmacy bodies working together well?
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100-hour rules should have been suspended

Industry analysts say the DH should have acted faster over exemptions

Zoe Smeaton

The Department of Health (DH) should have acted faster on control of entry regulations and banned new 100-hour pharmacy applications while it decided what to do with contract rules, industry analysts have said.

In last year's white paper, the Department set out several options to change the 100-hour exemption, including one to make new applicants justify the need for such a pharmacy. A consultation on the proposals ended in November last year, but the Department has yet to respond with a final decision.

David Reissner, of law firm Charles Russell, said indecision from the DH had caused uncertainty in the profession. And he warned that he was already seeing an increase in the number of applications for 100-hour pharmacies. In 2006-07 there were 270 new pharmacy openings, up from 146 in 2005-06 and just 42 the year before the exemption was introduced, according to NHS figures.

The DH should have imposed a

moratorium on the exemption until it made a decision, Paul Benson of Manchester LPC added. He said the opening of some 100-hour pharmacies had been unnecessary and diluted the quality of services.

Those responding to the consultation also generally argued that "100-hour pharmacies should only exist where there is a proven need for such a facility".

The DH's consultation also covered plans to replace the control of entry system with one based on pharmaceutical needs assessments. Respondents were "not convinced" by the proposal, but the DH has already published guidance on implementing PNAs for PCTs.

1 YEAR ON



Vascular screening

A national programme for vascular risk assessment announced last summer was introduced this week and includes community pharmacy as a key delivery route



Publicity campaign

Preliminary plans for a communications programme to increase public understanding of community pharmacy were due last autumn; the DH expects to publish outline proposals "shortly"

Publicity campaign runs late

A plan for the pharmacy PR campaign promised a year ago will be published "shortly", the Department of Health has said.

As part of the April 2008 white paper, the DH pledged a publicity campaign to highlight pharmacy services, and it committed to mapping a target audience by autumn 2008.

While a national campaign is yet to emerge, a DH spokesperson said the department "continued to make progress" and expected to publish an outline "shortly".

The news comes as an inquiry by the All-Party Parliamentary Group on Primary Care and Public Health found not enough was being done to promote pharmacy services.

The inquiry recommended a campaign to raise public awareness and strengthen pharmacy's role in promoting public health.

The DH says a blueprint for boosting pharmacy's profile will be out shortly



These findings were supported by a straw poll conducted by C+D, which revealed some patients were not aware of the services a pharmacy can provide.

Several respondents recognised pharmacists could offer advice. One respondent listed cholesterol checks and diabetes testing as

pharmacy services. However, another thought a pharmacist was best described as a shopkeeper and sold health food. CC

Does pharmacy need better PR?

cchapman@cmpmedica.com

News in brief

Business rates rise cut

The Treasury has reduced April 1's business rates rise from 5 per cent to 2 per cent. The eleventh-hour climbdown by Chancellor Alistair Darling allows businesses to spread the remaining 3 per cent increase over the next two years. The announcement came a week after contractors warned the hike could cause pharmacy closures.

MBE pharmacist jailed

Pharmacist Hooman Ghalamkari MBE has been jailed for nine months for script fraud. Dr Ghalamkari pleaded guilty to false accounting while running two Worcester pharmacies between February 2005 and December 2006. Dr Ghalamkari has since repaid £27,000 to the NHS.

www.chemistanddruggist.co.uk

C+D Jobs top 500

There are now over 500 vacancies advertised on the C+D Jobs website. Major employers represented include Lloydspharmacy, Tesco, Asda, Morrisons, Superdrug, Day Lewis and Numark. Those in need of career inspiration could check out the Job of the Week, currently a part-time pharmacy technician course teacher at South London College.

www.chemistanddruggist.co.uk/jobs

Change to ethics

The RSPGB has announced a change to its Code of Ethics standards. From April 1 pharmacists can deliver medicines to a designated person who is not the patient or their carer if consent has been given for a single occasion or set period of time.

Weekly price updates

C+D readers can receive weekly price updates, as well as accessing the C+D data site (www.ddata.co.uk) for free.

The data site allows pharmacists to search by pip code, brand, product or manufacturer. To sign up to the weekly updates, email your name, address, job title and subscriber number to priceupdates@chemistanddruggist.co.uk

Vascular screening bid gets off to fitful start

£250m programme launches, but few pharmacies currently involved

Zoe Smeaton

Pharmacists remain cautiously optimistic about the potential for the profession to benefit from providing vascular risk assessments in the week the checks are officially launched, C+D has found.

The Department of Health's NHS Health Check programme promises to offer everyone aged between 40 and 74 years in England a free health check, and pharmacy has been identified as a key service provider. But LPCs and other industry insiders said the service across England was still patchy, and some pharmacies might not be included in the scheme.

The comments came as health secretary Alan Johnson cut the ribbon on the £250 million programme first announced a year ago. Many LPCs have now received PSNC training on the assessments as the initiative launches. But PSNC's service database has just eight examples of vascular risk assessment programmes, from a possible 152 PCTs in England.

Mimi Lau, director of



Health secretary Alan Johnson (left) gets tested for diabetes, a disease being targeted by the UK-wide vascular checks

professional services at Numark, said success had been "sporadic" with some PCTs setting up services without any pharmacy involvement. She said: "The message is coming from the top down and that's great news, but on the ground it isn't happening in every pharmacy."

Some LPCs had expressed concerns that PCTs would choose to let GPs rather than pharmacies deliver the service, AAH's head of marketing services Ajit Malhi added. And one LPC, which has set

up a pharmacy-based pilot service, said speaking to colleagues had made them realise how lucky they were to have such a service.

Alastair Buxton, head of NHS services at PSNC, said many LPCs had now begun discussions with their PCTs though, and that overall the situation was very positive. The DH aims to have vascular checks in every PCT area by 2012-13 and a spokesperson said case studies demonstrated that they could be delivered in pharmacies.

Lloyds owner to reduce GB focus

The parent company of Lloydspharmacy and AAH intends to reduce its reliance on the British market, its CEO has said.

Celesio continued to blame falling profit on category M and the weak pound in its year-end financial announcement, following similar first half and third quarter statements during 2008.

The pan-European company reported an annual drop in

operating profit of 22 per cent, to €657 million (£614m). CEO and management board chairman Fritz Oesterle said this was mainly due to "massive price reductions in the UK on October 1, 2007", when the government announced a £400m clawback of generics purchase profits from pharmacies.

Celesio lost €135m in operating profit as a result, it said. The "massive" devaluation of sterling

had cost the company a further €50m.

Mr Oesterle said: "[Celesio's] goal is to minimise dependence on fixed governmental remuneration structures and to reduce dependency on the British market in the long-term."

Both AAH and Lloydspharmacy declined to comment on the impact this might have on their UK businesses. JR

Big three all feature in latest supply deal

Bayer Schering Pharma (BSP) medicines will be exclusively distributed by AAH, UniChem and Phoenix from July, the company announced this week.

The deal covers most BSP medicines but arrangements for Bayer Consumer Care and Diabetes Care products remain unchanged,

the manufacturer stated. Product discounts will be negotiated through the selected wholesalers.

A spokesperson for BSP said the manufacturer was "keeping pace with recent market developments" and insisted a simplified supply chain would improve the continuity of supply to patients.

The move is the 12th wholesale distribution deal announced for the UK, following deals by Novo Nordisk and Roche earlier this year. CC

• Download the C+D Guide to Drug Distribution Deals at www.chemistanddruggist.co.uk/news

Product Information

Name: Clomelle Chlamydia Test Kit:

o NAAT-accredited test provided by Gordon Laboratory Group

Product Information

Name: Clomelle Azithromycin 500 mg Tablets

Active ingredient: Azithromycin 500 mg.

Indication: Treatment of confirmed asymptomatic *Chlamydia trachomatis* genital infection in individuals aged 16 years and over and the epidemiological treatment of their sexual partners. **Dosage:** A single 1 g dose. Children: Do not give to children under 16.

Contraindications: Hypersensitivity to azithromycin, macrolide antibiotics or excipients. Symptomatic infection. Symptoms suggestive of other STIs. Children under 16. Renal or hepatic impairment. Cardiac disease. Patients taking ciclosporin, digoxin, ergotamine, terfenadine, theophylline, disopyramide, rifabutin, coumarin anticoagulants. Pregnancy and breast feeding.

Precautions: To reduce risk of vomiting take dose before bed and at least 2 hrs after food or drink. If taking oral contraceptive and vomiting or diarrhoea occur, refer to contraceptive instructions for measures to reduce risk of contraceptive failure. **Interactions:** Antocids. Take azithromycin at least 1 hr before or 2 hrs after the antocids. See contraindications.

Side effects: Infections: candidiasis. Blood: neutropenia, thrombocytopenia. Psychiatric: aggressiveness, restlessness, anxiety, nervousness. Nervous: dizziness, vertigo, convulsions, headache, somnolence, taste perversions, syncope, paraesthesia, hyperactivity, asthenia, insomnia. Ear: hearing impairment including hearing loss, deafness and tinnitus. Cardiac: palpitations and arrhythmias. QT prolongation and torsades de pointes. Vascular: hypotension. Gastrointestinal: nausea, vomiting, diarrhoea, abdominal discomfort, loose stools, flatulence, digestive disorders, anorexia, dyspepsia, constipation, tongue discoloration, pseudomembranous colitis, pancreatitis. Hepatobiliary: abnormal liver function including hepatitis and cholestatic jaundice. Hepatic necrosis and failure. Skin: allergic reactions. Photosensitivity, oedema, urticaria, angioneurotic oedema, erythema multiforme, Stevens Johnson Syndrome, toxic epidermal necrolysis. Musculoskeletal: arthralgia. Renal: interstitial nephritis, acute renal failure. Reproductive: vaginitis. General: anaphylaxis, fatigue, malaise.

Pregnancy and lactation: Contraindicated.

RRP (excl VAT): £17.02 **Legal category:**

P. PL number: 10622/0164. **PL holder:** PLIVA Pharms Ltd., Vision House, Bedford Rd, Petersfield, Hampshire, GU32 3QB. For further sales information contact Actavis (UK) Ltd, Whiddon Valley, Bournemouth, North Devon, EX32 8NS.

Date of preparation: August 2008. **Date of literature preparation:** March 2009.

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Dispensary TALK

How well has your system supplier responded to EPS problems?



"They try to help, but the trouble is the error messages are too frequent. Over the last couple of years the frequency has improved slightly, but it's basically the same."

Sunil Bajaria, Worthcare Pharmacy, Thamesmead



"It's not working that well, but I'd say the response has been fairly in the middle. We do have problems, but they get resolved and then occur [again] a week or so later."

Graham Jones, Broadway Pharmacy, Berkshire

WEB VERDICT:

- Happy with response ■ 25%
- Response was satisfactory ■ 25%
- Could have been more helpful ■ 22%
- Haven't helped at all ■ 28%

Armchair view: The response to EPS issues seems to be as varied as its reported problems, with a split in opinion over whether suppliers are doing a good, bad or average job.

Next week's question: How well has the DH delivered the white paper reforms? Vote at www.chemistanddruggist.co.uk

Independents struggle with short-dated stock

EXCLUSIVE Dumped medicines worth around £3,000 a year, Avicenna survey reveals

Jennifer Richardson

Independent contractors are struggling with short-dated medicines and having to dump £3,000-worth of dead stock annually. This was the finding of Avicenna's yearly member survey, revealed exclusively to C+D.

The overwhelming majority (94 per cent) of the buying group's members reported issues with short-dated stock.

But wholesalers expressed surprise that the problem was reportedly so large. Stock with less than six months' shelf life was typically rejected, wholesalers told C+D. And firms said they had seen no increase in short-dated products.

John Davies, retail services director at regional wholesaler Mawdsleys, said: "I don't think it's a problem with the main line wholesalers otherwise we'd be writing off a similar ratio. We're not doing that."

High value lines could skew the cost of dead stock, said PSNC head of NHS services Alastair Buxton. But the reported annual sum of £3,000 per pharmacy was likely to include OTC medicines, he suggested.

A level of stock loss was included in contract negotiations, Mr Buxton pointed out.

Almost half of Avicenna's members had done more MURs in 2008-09 than in previous years, the survey showed, with 10 per cent

Avicenna survey by numbers

£3,000

Average value of out of date stock being discarded annually by pharmacies

90

Percentage of Avicenna members who faced stock issues with quotas and short-dated drugs

60

Percentage of Avicenna members who did more than 50 MURs last year

70

Percentage of pharmacists overloaded by admin

set to hit the 400 annual limit. But over 40 per cent had done less than 50 during the year; PSNC data indicates that the average pharmacy carrying out MURs completed around 220.

Mr Buxton said: "We need to continue to keep working to get MURs to be business as usual within pharmacies."

It was a "concerning finding",

added Mr Buxton, that almost half of the 94 responding contractors did not know about pharmaceutical needs assessments (PNAs), which are set to replace current control of entry.



Are you struggling with short-dated stock?

jrichardson@cmpmedica.com

Patient survey applauds privacy

Patients have backed pharmacy's ability to offer private and discreet services, after accessing a pharmacy flu vaccination service.

More than 1,000 patients were surveyed after using the AAH private service, and all of them said the pharmacist had been discreet, polite and professional. Almost three-quarters agreed that the service itself was discreet and private and 100 per cent said they would return to pharmacy for the service if it was available again.

The findings offer a boost for the profession, which was criticised over a lack of privacy in a Patients' Association survey last year. That study claimed just 14 per cent of patients felt confidentiality in the sector was up to scratch.

The AAH results showed privacy in the profession was not as bad as the Patients' Association report had suggested, said Ajit Malhi, head of marketing services at AAH. The findings could be used to help demonstrate to PCTs the

advantages of offering services through pharmacy, he added.

Alastair Buxton, head of NHS services at PSNC, agreed the findings demonstrated that community pharmacy was providing confidentiality and showed "consultation facilities are meeting patients' standards".

One hundred pharmacists were involved in the AAH flu vaccination scheme last year, and Mr Malhi said they could have earned on average £400 to £500 from the scheme. **ZS**



THE
PARTNERSHIP
PROGRAMME
2009

The AAH Partnership Programme 2009

AAH have enjoyed staging the premier annual convention in the pharmaceutical industry for over 10 years. After careful consideration we feel that in light of the current economic climate it would be inappropriate to stage such a large event this year. Therefore we have created a programme of smaller events that will run through the year and which are free for AAH Customers to attend.

Each event will have a morning business session followed by an afternoon of networking with fellow colleagues whilst enjoying premier hospitality. AAH Pharmaceuticals is delighted to invite its customers to attend one of the following events.

Lingfield Park, A Day at The Races – Monday 22nd June 2009

Located in the gorgeous countryside of Surrey, Lingfield Park is a pleasure to attend. The morning will consist of a business session to keep you abreast of current developments. Then you will be escorted to your VIP hospitality suite for a drinks reception followed by a three course seated lunch and a full afternoon of racing with your own tote facility. The suite offers excellent views of the course and winning post.



York Racecourse, The Ebor Festival – Tuesday 18th August 2009

The historic Ebor Festival is the event to attend at York Racecourse. You will have the pleasure of attending the first day of this exciting event. With full VIP hospitality to be enjoyed in the new and exclusive Winning Post Pavilions and a full programme of races the atmosphere is assured to be electric. The day will begin with a business session followed by a drinks reception, a three course lunch and a full afternoon of racing.



Silverstone, Sports Car Track Day – Thursday 17th September 2009

The day at Silverstone will be centred around the BRDC Clubhouse. This elegant building is home to the British racing drivers' club and is a perfect location for the morning business session and presentations. Following this, a three course lunch will be served before everyone takes to the track for some thrilling driving instruction in a variety of sports cars. Prizes will be awarded to the best drivers.



Donington, Sports Car Track Day – Thursday 8th October 2009

Donington's beautiful parkland setting provides a natural amphitheatre for spectators and the track's layout with fast sweeping curves and undulating changes makes it one of the most challenging circuits. Guests are invited to attend a morning business session and short presentation followed by lunch. The afternoon will be an action packed one driving sports cars around the new home of the British Grand Prix.



The AAH Open – 2009 Programme

Event	Date	Venue
Belfast	Thurs 14th May	Hilton, Templepatrick
North	Thurs 4th June	Marriott, Dalmahoy
South East	Wed 24th June	The Buckinghamshire
South West	Wed 1st July	Marriott, St Pierre
Midlands	Wed 15th July	Marriott, Forest of Arden
Final	3rd – 6th Sept	La Cala



For more information regarding the AAH Open, please contact your Business Development Manager.

Please note that places for these events are limited and subject to availability at the time of booking. Partner places are only available for either the Lingfield or York race days.

If you wish to reserve a place on one of these events; please download a booking form from www.aah.co.uk
Please complete the form and fax it to Circa Group on 01892 517702 to confirm your place.

Cash call for second pharmacist

Industry leaders tell RPSGB the government must pay for extra cover to ensure RP absences don't threaten safety

Max Gosney

Grassroots leaders have

demanding the government pay for second pharmacists to help businesses cope with rule changes allowing pharmacists to leave premises for up to two hours

Patient safety was at risk under Responsible Pharmacist (RP) proposals unless money was made available to boost pharmacy staffing, this week's RPSGB Council meeting heard.

The presence of a second pharmacist to cover absences must therefore become "the norm rather than the exception", Northamptonshire RPSGB branch stressed. Branch officials urged the Society to lobby Westminster for funding to support extra staff before the RP rules come into force this October.

Failure to do so could undermine

public confidence in pharmacy services, the branch said.

RP rules will allow pharmacists to be temporarily absent from premises under the proviso they remain contactable. Absences could see pharmacy support staff taking charge of premises with only one pharmacist.

However, Northamptonshire branch warned against such a

measure. "Dispensing technicians and counter staff are not going to take on wider roles without an increase in their remuneration. We feel this money would be better spent on a second pharmacist," the branch said.

A motion calling on the Society to push for government cash to support second pharmacists will be tabled at the branch

representatives meeting next month.

Other RPSGB branches also highlighted staffing concerns. Harrow and Hillingdon branch will table a motion demanding the Society set minimum staffing levels to guarantee safe working conditions. Nine motions were submitted to the Council meeting and are due to be heard on May 21.

News in brief

CPD checks coming

Up to 200 pharmacists a week could have to submit their CPD for inspection by the RPSGB by late 2009. Plans to call and review all CPD records by 2014 are set to launch this summer, this week's RPSGB Council meeting in Edinburgh heard.

www.chemistanddruggist.co.uk

Standards updated

An updated version of professional standards and guidance for pharmacists in positions of authority has been given the all clear by the RPSGB Council. The document updates guidelines in preparation for RP legislation and covers superintendents, RPs and corporate owners.

www.chemistanddruggist.co.uk

RP toolkit

The Society will launch a toolkit to help the profession deal with RP proposals. The guide will go live later this year.

Want to know more?

To see the professional standards guidelines that went before Council in full go to

www.chemistanddruggist.co.uk



Edinburgh played host to the RPSGB Council for the second time in three years this week. The Scottish capital is among several venues outside of London chosen for 2009. Newcastle, Birmingham or Liverpool are possible venues for future Council meetings later this year

Battle lines drawn ahead of SGM

Five motions governing who can use the title pharmacist from next year will go to the vote at an RPSGB special general meeting (SGM) later this month.

The motions have been drafted by members upset by the Society's decision to recommend the pharmacist title is restricted to members of the new General Pharmaceutical Council.

Opponents want the pharmacist title reserved for full members of the new professional body instead. However, Council members greeted the demand with defiance.

Alan Kershaw, RPSGB Council member, said: "The members who called the SGM are well meaning and clearly passionate about their profession, and we can share that with them – but I'm afraid that their solution does not work for the public and I suspect that neither will

it work for the pharmacy profession."

The SGM will be held at 2pm on April 19 at the Plaza Riverbank Hotel in London. **MG**



Will you be at the SGM?

mgosney@cmpmedica.com

SGM: the motions for debate

motion 1: This meeting rejects proposals to make it a criminal offence for anyone not registered with the GPhC to use the pharmacist title.

motion 2: This meeting rejects proposals to make it a criminal offence for anyone not registered as a pharmacist by the GPhC to practise as a pharmacist.

motion 3: This meeting supports the proposition that the title pharmacist should be used only by any person with a suitable degree or professional experience

accredited by the RPSGB or is a future member of the new professional body.

motion 4: This meeting supports the suggestion that the title 'registered pharmacist' is a suitable restricted title for those adequately qualified and registered with the GPhC.

motion 5: This meeting calls on the RPSGB Council to seek talks with the government to secure changes to its recommendations on the pharmacist title in line with the wishes of this meeting.

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NICE guidance recommends the use of an opioid when pain relief with paracetamol and topical NSAIDs have proved inadequate¹



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failure, diverticulitis, dysphagia, ileus, biliary colic, myalgia, depersonalisation, memory impairment, respiratory depression, urinary retention, decreased libido, pyrexia, rigors, alanine aminotransferase increased, drug withdrawal syndrome, abnormal coordination, circulatory collapse, wheezing. Please consult the SPC for details of other side-effects. **Legal category:** CD (Sch3) POM. **Package quantities and price:** 5 µg/h transdermal patch: 2 individually sealed patches, £8.80. 10 µg/h transdermal patch: 4 individually sealed patches, £32.02. 20 µg/h transdermal patch: 4 individually sealed patches, £58.31. **Marketing Authorisation numbers:** 01/16950/136-13. **Marketing Authorisation holder:** Napp Pharmaceuticals Limited, Napp House, Napp Park, Milton Road, Cambridge CB4 6CH. Tel: 01223 424444. **© Napp Pharmaceutical Group.** Further information for the Napp Group is available at www.napp.co.uk. **Date of preparation:** Feb 2009. **BuTrans** and **Bu7rans** are registered trademarks. **Trade Marks.** © Napp Pharmaceuticals Limited 2009.

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For medical information enquiries, please contact medicalinformation@napp.co.uk

References

1. NICE clinical guideline 57. The care and management of osteoarthritis in adults, February 2008. Available at: <http://www.nice.org.uk/nicemedial/pdf/CG59NICEguideline.pdf>

Date of preparation: March 2009.

UK/BU-09031

System suppliers have been blamed for EPS ills at a private industry summit. So why were they excluded from discussions and what's their side of the story? **Zoe Smeaton** finds out

Left on the outside

Once again pharmacy is failing to come together on EPS it seems. As C+D revealed exclusively last week, a meeting between the pharmacy bodies, the Department of Health and Connecting for Health criticised pharmacy system suppliers for not resolving pharmacists' EPS problems and not improving release 1 offerings. Yet the system suppliers say when they enquired about this meeting they could not get any feedback on its findings, so what's going on?

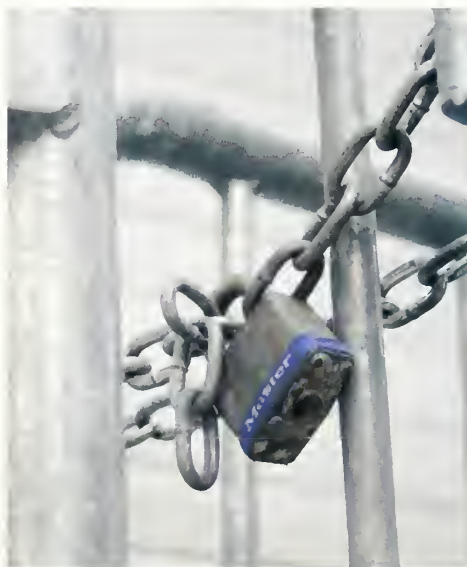
The meeting has been played down by its attendees (see panel below), who say they have good links with the suppliers and the meeting was a part of the normal engagement process.

PSNC also backs the meeting's conclusion that system suppliers are not doing enough to help resolve EPS problems. Lindsay McClure, head of information services at the committee, says: "The PSNC/NPA telephone survey conducted last year provided clear evidence of varying levels of performance and contractor satisfaction with pharmacy systems and system suppliers."

The system suppliers acknowledge the difficulties with release 1, but say many of these are beyond their control, such as when the NHS spine has problems.

It is also unfair to say that the suppliers have not improved their systems, says Martin Jones, commercial manager at Positive Solutions. Other suppliers stress that if they have not been focusing on release 1 as much, it is because they are being directed by Connecting for Health, which is now pushing release 2.

And this unfairness seems to be the issue. Mr Jones says blaming the suppliers "seems to be a



standard response" from pharmacy bodies and Connecting for Health. And his view is backed by Mark Johnson, head of customer IT at UniChem. As the suppliers have no contract with the NHS and so no service level agreement for much of EPS functionality, he says it is impossible to judge the suppliers' performances. For example,

“The pharmacy bodies didn't get themselves informed, did they?”

when no one seems able to say what an acceptable electronic script download time should be, how can the suppliers be getting it wrong?

So why are the suppliers getting a raw deal? Some believe they take the blame because the pharmacy bodies do not really understand what is going on. The outcomes of the meeting demonstrate a "lack of understanding" by the professional bodies, specifically the NPA and PSNC, according to Ian Taylor, commercial director at Rx Systems. He says they fail to see EPS as a service, not just a piece of software that must be delivered to pharmacy.

The pharmacy bodies have also not helped themselves by failing to engage with EPS from an early stage, Mr Jones believes. Of the bodies complaining that they are not sufficiently informed about release 2, he says: "They didn't get themselves informed, did they? They have all got involved too late."

There have been moves by the pharmacy bodies to engage with suppliers, such as through the NPA's IT forum, but the suppliers are critical of these arenas as they say they receive little feedback from the pharmacy bodies.

So why are the bodies so unwilling to talk? Worryingly, Mr Jones suggests it is because they are not facing up to some of the real issues and challenges posed by EPS. He feels some issues, such as what will happen if electronic prescriptions fail, have been "swept under the carpet". This view is shared by Mr Johnson, who says there is so much frustration around EPS, with delays to rollout and numerous issues around how it will operate in practice, it is "easier to talk about the issues and point the finger, than it is to talk about what we can do to solve this."

While it is great to see people interested in EPS, Mr Johnson warns this must be constructive, with pharmacy bodies helping the suppliers, "not adding to their problems".

And the suppliers seem ready to engage. Mr Taylor says if there are issues "let's table them and let's talk about them". Other suppliers, including Cegedim Rx, agree and say while links with the pharmacy bodies have not been consistent, they are now looking for some explanations and feedback from them.

With the next NPA IT Forum about to take place as C+D went to press, attendees will be hoping for some positive and frank discussions. And as Cegedim is expected to take its release 2 system into a pharmacy this month, they can't come soon enough.

Industry bodies on links with suppliers

The NPA John Turk, NPA chief executive, says the association has "made its position on EPS very clear, publicly and repeatedly". Mr Turk explains: "Consistently we have insisted on guarantees that EPS will work technically, be business functional, improve service delivery at pharmacies, and is safe for patients, before full rollout can be contemplated."

PSNC The committee says: "Both before and since the meeting with Department of Health officials, PSNC has had helpful and constructive dialogue with many of the pharmacy system suppliers. We know that it is also a priority for system suppliers to ensure

usability of their systems and we have been seeking their views and concerns including on the Connecting for Health issue resolution process where the problem is outside the supplier's remit and control."

Connecting for Health/Department of Health Both say working with key stakeholders has been integral to the successful design and development of the service. The meeting had been part of that engagement process, they added, and updates on progress in key areas would continue to be issued through "normal routes of communication".

It's Alli systems go for weight management

My staff and I are eagerly awaiting our first trendy looking packs of Alli and the comprehensive training that goes with it. I expect interest in the OTC weight loss pill to be huge. I'm not quite so sure about how many packs we might sell.

At £32.95 for two weeks' supply this is not going to appeal to every overweight person. If a sensible weight loss is up to two pounds a week, and Alli helps people lose 50 per cent more weight than by their own efforts alone, that works out at about £15 for every pound lost, or over £200 for a stone.

Compare this to Weight Watchers, at a fiver a week. Meal replacement diets are around £30 per week, but you save money on your supermarket bill. The pharmaceutical option will be for the truly committed, or the seriously rich.

But this is no bad thing, as I expect the biggest problem with a more affordable product would have been limiting demand and abuse. For a cheap product, the demand on pharmacist time would be so great that every bit of workforce planning would become irrelevant.

The potential market is huge, with 40 per cent of British adults actively slimming, and one in five of our customers purchasing dietary supplements for weight loss over the counter. At least they will now be able to buy something that works.

This must not be perceived as some magic cure for obesity. And of course we will need some reward for the considerable amount of counselling that will be involved. Our reward should be boosted further by the accompanying sales of multivitamins.

I expect the most common scenario will be

“It works out at about £15 for every pound lost, or over £200 for a stone”

one that I often experience with other expensive OTC medications, such as Curanail. That is, when the patient finds out the price, they make a beeline for their GP to get the same product on prescription. Again, ultimately not a bad thing, as they will have received some advice from me and hopefully some from their GP, even if they're not prescribed the drug. The generous margin on the products I do sell just about compensates for the advice I give out free.

The launch of Alli could be as significant for pharmacy as the switches of NRT and EHC. Having proven the value of pharmacists' input in both cases, services are now commissioned on the NHS for certain groups of people. I would love to think this could be the case with OTC orlistat, with both private and NHS services running in parallel.

Commissioned services involving orlistat supply to targeted groups could pave the way for a significant role in weight management. If we can make a success of OTC Alli, the commissioners should be queuing up to speak to us.

The new public health agency arrives in Northern Ireland



April 1 will see the launch of the Public Health Agency in Northern Ireland.

For most pharmacists perhaps this event will be of little interest, yet for the profession generally the relevance and indeed the potential of this new agency for pharmacy could be enormous.

With the agency's launch, public health has just gone "way upstream", as they say in public health jargon. For too long public health has been the Cinderella of healthcare, all but ignored and assigned to the crackpot sandal-wearing libertarians in the basement – but no more. Over the past 30 years there has been a growing body of evidence and political recognition that the wider determinants of health are much more important than the primary and secondary healthcare services that pick up the pieces of policies that act against good health.

So important is public health that without it our healthcare system and its long-term viability will be threatened. Healthcare is not a business, it is merely a way of caring for the population within a budget and this budget, we now know, is sometimes better spent on preventative measures than in treatment. Why spend £5 million on a surgical intervention for lung-cancer that prolongs life by a few weeks? For too long a busy, ignorant and indifferent public have seen healthcare this way.

I believe Derek Wanless, whose assessment

of the NHS and our government's ability to fund it 20 years from now has certainly focused the attention of many politicians, will be very pleased with our new Public Health Agency and with its remit and will be convinced that his pleadings are being listened to in at least one region of the UK.

Up streaming refers to focusing healthcare budgets towards health prevention, health protection and screening services; put simply, taking action to stop illnesses occurring rather than waiting until they happen and then treating.

Public health is multi-factorial and multi-agency; it is more long-term and less explicit in its outcomes than say a heart bypass operation or a course of antibiotics. Of course in public health a well-paid consultant doesn't get to play God; so where's the glory in that?

Eddie Rooney, who is heading up the Public Health Agency, has a mammoth task ahead of him but I feel sure that he is able for the task and has, importantly, the full support of the minister.

I wish Eddie and his staff well in their endeavours and I would commend to him community pharmacy as an excellent conduit by which healthier lives might be assured. For a start, community pharmacy needs to be providing: weight management services, vascular screening services, chlamydia screening and treatment, and emergency hormonal contraception.

Terry Maguire is a community pharmacist in Northern Ireland

Ear problems in kids

With around 200,000 GP consultations a year devoted to glue ear alone, **Gavin Atkin** examines the help and advice pharmacists can offer to patients

Around 200,000 children suffer from repeated ear infections in the UK each year. The antibiotics bill for ear infections is large and there are about a million GP consultations each year for ear infections.

Most acute ear infections clear up naturally, but in some rare situations, otitis media leads to mastoiditis and meningitis. A more frequent problem is that the middle ear becomes filled with persistent fluid, causing significant hearing loss. This is glue ear, and when it occurs in both ears the consequence can be difficulties with language development, speech and behaviour.

Glue ear accounts for around half of GP consultations for otitis media. It is the commonest chronic condition of childhood and the most frequent reason for surgery in children, with some 20,000 to 30,000 children receiving grommets each year.

Why does the issue arise now?

Deafness Research UK has published a useful guide for parents and families. *Ear Infections and Glue Ear in Children – A Guide for Families* can be ordered by phone from the organisation at 0808 808 2222.

As well as publishing the new booklet, the organisation argues that ear infection is not generally well managed, that too many children are receiving antibiotics, and that many parents are unaware of when they should take their offspring to see a doctor to discuss recurrent ear infections and glue ear.

Deafness Research UK medical advisor Dr Ian Williamson told C+D the organisation is particularly concerned about children with repeat ear infections. "These children need to be identified for special attention and may suffer developmentally if the root causes of their ear problems are not addressed at an early stage," he says. Dr Williamson argues there's a lot that pharmacists can contribute in a disease area that is often over-medicalised, yet where the health service is not always good at recognising children who need attention.

What can you tell parents?

Parents who understand the condition can do much to help their child; it is valuable if they also understand antibiotics are useful in only a small proportion of children with ear infections, and are not recommended in glue ear.

The most important treatment for a child with an ear infection is to lessen the pain and high temperature with regular paracetamol at the full doses recommended for their age. If the child is not asthmatic or allergic, they can also

What should pharmacists know?

- Around 200,000 children suffer from repeated ear infections in the UK each year. The antibiotics bill for ear infections is large and there are about a million GP consultations each year for ear infections.
- Most ear infections in children get better naturally over three to four days.
- Certain warning signs should prompt immediate referral. Seeing a doctor urgently is particularly important if the child has:
 - high fever or vomiting
 - a new rash, extreme floppiness or drowsiness, or intolerance to bright light
 - no improvement in symptoms in a child under two years after 48 hours
 - no improvement in symptoms by four days in a child over two years of age, or adult by four days.
- Children with earache may be prescribed suitable painkillers and fever relief.
- Doctors are supposed to avoid prescribing antibiotics for ear infections in general, but they are still appropriate in children under two with fever or vomiting or where both ears are affected, or there is ear discharge.
- Deafness Research UK argues parents should know how to recognise glue ear, understand its effects, be aware of the importance of enabling the child to see the lips moving when talking, and know something of the available treatments.

be given ibuprofen if the paracetamol is not having the desired effect.

Antibiotics aren't terribly helpful, says Dr Williamson, whose department has conducted clinical trials looking at the issue. "The numbers needed to treat are quite high," he told C+D. "You need to give as many as 15 children with ear infections antibiotics for just one to benefit. The odds shorten to four or five if the child has fever or vomiting, and that's what I'd advocate," he added.

Parents should be told that if the eardrum bursts there will be a smelly discharge and the pain will suddenly get better. This should not be a cause for alarm, but if it happens parents should avoid getting anything in the ear but can wipe the visible external part of it gently with a tissue – though they should not wipe any further into the ear canal. No water should be allowed into the ear until the eardrum heals, usually after three weeks. It's worth taking the child to the doctor after about a month to check that healing has occurred, especially if there are concerns about the child's hearing.

On glue ear, Deafness Research UK argues parents should know

how to recognise the condition, understand its effects, be aware of the importance of enabling the child to see the lips moving when listening to someone, and know something of the available treatments.

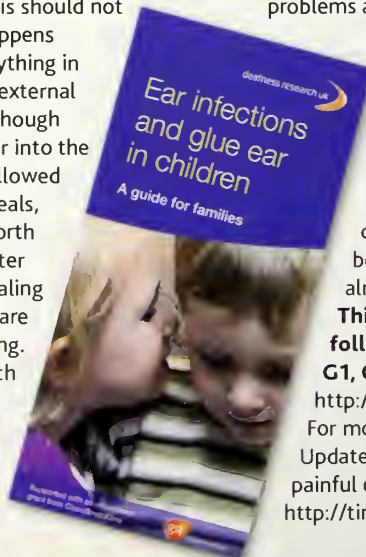
Children with glue ear may appear to daydream, mishear words or say "eh?" or "what?". They may turn up the TV, talk loudly, or talk less and become quiet and withdrawn. They may be unsettled at school, become less co-operative, or be tired and grumpy from having to concentrate hard to hear.

Children suspected of having recurrent ear problems are most likely to have glue ear and should be taken to their GP. If the symptoms are significant and last a long time, says Dr Williamson, the child may have problems with language and educational development. Parents should be reassured though that they almost always catch up later.

This article can help with the following CPD competencies:

G1, G1a, G1c, G1e, G1o, G1v. See <http://tinyurl.com/68ox7b>.

For more on this topic, see the Update Module 1460: Treating painful ears and throats at <http://tinyurl.com/dcczcl>



The new leaflet from Deafness Research UK is intended to improve management of ear infection in children

A Practical Approach Complementary therapies for arthritis

David Spencer, pharmacist at the Update Pharmacy, is at the 75th birthday party for his uncle Max, a retired GP. Max asks David for a quiet word.

"You're a pharmacist," says Max, "so I suppose there's no-one better to advise me on this."

"Advise you on what?" asks David.

"Well, I've had osteoarthritis for a few years now. I suppose it's something you come to expect at my age, but it's been getting steadily worse. I've gone through the gamut of conventional drugs, from OTC painkillers to Cox-2 inhibitors, but nothing seems to be effective. So I was wondering if it's worth trying any of these so-called natural or alternative medicines? I haven't tried glucosamine or chondroitin, and some of my patients used to swear by cod liver oil. Or vitamins perhaps? My neighbour tells me green lipped mussel extract is quite good. I'm even prepared to give homeopathy a try. Or maybe there's something else you know about that works. I'm willing to try anything as long as it's safe."



David replies: "Give me a couple of days to do some research, and I'll get back to you with a rating out of five for efficacy and a green, amber or red for safety, on your suggestions."

Questions

1. What is the verdict on the efficacy and safety of the therapies Max has asked about?
2. Can David recommend any other naturally derived product that is effective and safe?
3. Where did David find his information?

Cod liver oil: little evidence of efficacy in OA. 1/green.
Green lipped mussel extract: Contains omega-3 fatty acids, which have anti-inflammatory properties. Might be of some benefit in OA when taken with paracetamol or NSAIDs. 3/green.
Homeopathy: little evidence of efficacy. 1/green.
2. Capsaicin gel: mechanism of action mainly related to ability to deplete substance P, a pain transmitter in human nerves. Results from RCTs found it effective in reducing pain and tenderness in affected joints in OA, with no major safety problems. Prescription only. 5/green.
3. Arthritis Research Campaign 2009: complementary and alternative medicines for the treatment of rheumatoid arthritis, osteoarthritis and fibromyalgia. (http://www.arc.org.uk/arthritis/do/cumens/6300.pdf) The report contains evidence-based assessments of 40 CAMs.

Answers
1. Glucosamine sulphate: despite mixed results, most trials evaluating glucosamine sulphate have demonstrated significant clinical benefits compared with placebo or NSAIDs. It appears safe, with only mild and infrequent side effects. Efficacy: 3. safety: green.
Chondroitin: evidence from RCTs is inconsistent, but most have shown significant clinical benefits in reducing pain and dependence on painkillers. It appears safe for short-term use, but long-term safety and effectiveness are unclear. 3/green.
Antioxidant vitamins (A,C,E): some scientific basis for use in OA from laboratory and animal studies. Evidence from studies on humans inconclusive, but encouraging for vitamin C. 2/green.
Vitamin B: evidence from trials suggests vitamins B₃, B₉ and B₁₂ might be of some benefit, particularly in improving joint mobility and hand grip. 2/green.

This article can help in the following CPD competencies: **G1a, G1c, G1d, G2o, C1a, C1f.** See <http://tinyurl.com/68ox7b>



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Gallbladder problems

Symptoms, diagnosis, treatment and advice on this painful and increasingly common problem

60-second summary



Who is most likely to suffer from gallstones?

Older people, the obese and women rather than men. Treatment such as HRT, oral contraceptives and some cholesterol-lowering drugs can increase the risk.

What can be done about them?

Most people will not have problems and will not need treatment. Symptoms usually develop if the stones move out of the gallbladder. Biliary colic and acute cholecystitis are the most commonly seen problems. Gallstones with only mild symptoms will probably be given a 'wait and see' approach. More severe biliary colic or acute cholecystitis usually require laparoscopic cholecystectomy. If gallstones are treated without removal of the gallbladder, ursodeoxycholic acid may be prescribed to prevent recurrence.

Miranda Griffin

Gallstones are extremely common – by the age of 75 roughly one in three women and one in five men will have them. However, most of these people will not have problems as fewer than one in five with gallstones ever experiences symptoms. There is a higher incidence of gallstones in the West compared with the developing world, probably because of dietary factors, and they are much more common in older adults, although incidence in young people – while still rare – is increasing.



This article (Module 1471) can help in the following CPD competencies: **G1a, G1c, G1d**. See <http://tinyurl.com/68ox7b>

Your Continuing Professional Development



Reflect

How are gallstones formed and what are they made of? What are the symptoms of acute cholecystitis? How can gallstones cause pancreatitis? Is ursodeoxycholic acid a useful treatment for gallstones and how does it work?

Plan

This article covers the causes and risk factors of gallstones. It describes the symptoms they may cause, the processes involved in diagnosis and treatment, and advice pharmacists can give to patients.



Photo: John Bavosi Science Photo Library

Illustration of gallstone disease, showing a group of stones (grey) forming in the gall bladder (green), with one solitary stone in the common bile duct (lower centre). Most gallstones remain in the gall bladder and produce no symptoms, but obstruction of the bile duct causes jaundice, bacterial infection (choolangitis) and formation of a liver abscess

Causes

Gallstones occur when stones form from the bile that is produced by the liver to help with digestion and stored in the gallbladder. In around 80 per cent of cases the stones contain cholesterol, because of high levels of cholesterol in the bile. They may also contain bile pigments or calcium. The stones can be very small, like gravel, or so large they fill the gallbladder, and may grow over a period of years.

Risk factors

Gallstones are more common in:

- women, especially those who have been pregnant or are taking drugs containing estrogen, such as the contraceptive pill or HRT. Women are twice as likely to be affected by gallstones as men
- overweight people – the risk is almost doubled in obese people compared with the non-obese
- people over 40
- those with a family history of gallstones
- people with diabetes
- those with a high blood cholesterol level
- people who have undergone rapid weight loss
- those with Crohn's disease
- people who have had bariatric surgery.

Signs and symptoms

The vast majority of patients with gallstones remain asymptomatic, with only about 10 to 20 per cent developing symptoms. Gallstones are often found by chance as the result of tests such as ultrasound, which have been performed for other reasons.

Symptoms usually develop if the stones move out of the gallbladder into the bile ducts. The main symptoms are:

- biliary colic (chronic cholecystitis)
- acute cholecystitis
- jaundice.

Biliary colic occurs when gallstones move from the gallbladder into the bile duct. Pain is usually felt in the upper abdomen – in the centre or on the right side. The pain builds up over the course of about an hour, often after eating fatty foods, and then stays the same for a few hours – sometimes up to 24 hours.

The pain has been described as like that of severe indigestion. It is usually constant though it may be felt in waves. It may radiate to the back or the shoulder and usually disappears completely between episodes. Those affected sometimes feel nauseous and vomit.

The pain may be mistaken for cardiac pain, severe reflux, back pains or kidney stones. It can often be managed at home with analgesics.

Acute cholecystitis is inflammation of the gallbladder – around 95 per cent of cases are the result of gallstones or biliary



Photo: Science Photo Library

sludge that has built up at the neck of the gallbladder.

The most common symptom is pain in the upper abdomen that develops quickly and is often severe. It is usually worse on the right hand side.

Other symptoms can include nausea, vomiting, fever and tenderness in the right side of the upper abdomen.

Jaundice is uncommon, but may occur if a gallstone becomes stuck in the bile duct, causing a blockage that the bile cannot pass. The bile then seeps into the bloodstream causing jaundice and associated yellow eyes and skin, dark urine and pale stools.

Pancreatitis is another uncommon complication of gallstones, occurring in about one person in 20 with gallstones. It is more common in those with many small stones and occurs when stones pass into the intestine and obstruct the flow of digestive juices.

Tests

Even in patients who are known to have gallstones it is important to ascertain that the stones are actually the cause of a reported pain. The abdominal pain may result from another condition and, as gallstones are so common, they may co-exist by chance. It is therefore essential to rule out other possible causes.

An ultrasound scan will often be used to investigate gallbladder problems. It can usually detect gallstones and cholecystitis, where the wall of the gallbladder is thickened. Alternatively, a CT or MRI scan can give an accurate diagnosis of acute cholecystitis.

A cholangiography may give more information about the gallbladder and gallstones. The test involves injecting a dye into the bloodstream, or inserting it using an endoscope – called endoscopic

retrograde cholangiopancreatography (ERCP) and then using x-ray to reveal any obstructions.

Blood tests can help confirm a diagnosis of acute cholecystitis.

Treatment

Most people with gallstones will have no symptoms, so immediate treatment is not necessary and a 'wait and see' approach is often taken.

Biliary colic can often be managed at home with analgesics and a low fat diet. If symptoms are severe, surgery may be required, in which case the gallbladder will be removed (cholecystectomy).

Alternatives to surgery include dissolution therapy using ursodeoxycholic acid, although this can take a long time and the gallstones often return once the treatment is stopped. Dissolution therapy is only possible in around 20 per cent of cases and is used only in those unsuitable for surgery.

Lithotripsy is sometimes used to shatter the stones using sound waves, but rarely. It only works if there are a small number of stones that are less than 2cm in diameter.

It is often possible to remove gallstones during ERCP (see above) or to enlarge the lower end of the duct to allow stones to pass out naturally. This has the advantage of avoiding surgery in those for whom a surgical procedure may be dangerous or difficult, and gallstones are likely to recur.

Patients with acute cholecystitis are usually admitted to hospital and treated with painkillers, fluids and possibly antibiotics. A laparoscopic cholecystectomy (gallbladder removal) is usually carried out to prevent recurrence of the problem.

In most cases removal of the gallbladder will eliminate the pain and a normal diet can be eaten. Following cholecystectomy the bile flows straight from the liver to the

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gut without being stored first and released in surges. Some people may have a change in the frequency and texture of their stools once the gallbladder has been removed, or experience bloating or mild abdominal pain.

Medication

Interactions and contraindications

Opioid analgesics can cause biliary spasms so should be used with caution in people with gallbladder problems.

Cholecystitis can be an uncommon side effect of voriconazole, infliximab, lopinavir with ritonavir, and, rarely, zonisamide and ertapenem. Some fibrates may increase the risk of gallstones by increasing the amount of cholesterol in the bile.

Ursodeoxycholic acid

Ursodeoxycholic acid is not much used nowadays for removing gallstones by dissolution therapy, as laparoscopic cholecystectomy is so common. If gallstones are treated without removal of the gallbladder, ursodeoxycholic acid may be prescribed to stop gallstones recurring, which happens in up to 25 per cent of patients treated. It works by reducing the level of cholesterol in the gallbladder.

Contraindications to ursodeoxycholic acid may include:

- some gastrointestinal problems, eg ulcers
- liver disease
- inflammatory bowel disease
- pregnancy
- non-functioning gallbladder.

Side effects may include:

- diarrhoea
- itching
- nausea
- vomiting.

Interactions may occur with:

- ciclosporin
- clofibrate
- colestyramine
- antacids
- estrogens and oral contraceptives

- charcoal
- colestipol.

The pharmacist's role

There is not a huge amount people can do to avoid gallbladder problems. To minimise the risk, they can be advised to maintain a healthy weight (but not to crash diet as this can increase the risk), take regular exercise and raise the levels of HDL cholesterol in their blood by eating a low-saturated-fat diet with plenty of fibre.

Mild gallbladder symptoms can often be managed with strong painkillers and antispasmodic drugs, which can help to ease symptoms. Anti-diarrhoeal medicine may be needed following removal of the gallbladder.

It is important to be aware of the possible complications of gallstones, such as obstructive jaundice or acute pancreatitis in which pain may be felt behind the ribs spreading through to the back, and which develops in about 5 per cent of those with gallstones.

Flu-like symptoms such as high temperature and shivering can be a sign an infection has developed in the gallbladder.

Knowing that treatment such as HRT, hormonal contraceptives and some cholesterol-lowering drugs can increase the risk of gallstones may help people with other risk factors who want to minimise the chances of developing gallstones. It could also be useful to be aware gallstones are more likely in people with Crohn's disease and ulcerative colitis.

Sources of information

http://cks.library.nhs.uk/patient_information_leaflet/Gallstones
www.corecharity.org.uk/Gallstones.html
www.britishlivertrust.org.uk/home/the-liver/liver-diseases/gallstones.aspx

Miranda Griffin BSc Hons is a freelance medical journalist.

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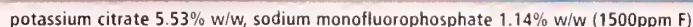


Act

- For information about gallstones that may help when counselling patients read the NHS Direct patient leaflet at <http://tinyurl.com/b8ql3t>. Think how you advise a patient.
- Find out more about gallstones, treatment and endoscopic retrograde cholangiopancreatography from CORE (a liver and gut research charity) at <http://tinyurl.com/cxzs8w>.
- Read the leaflet produced by Norfolk NHS on dietary advice for people with gallstones at <http://tinyurl.com/azcss2>. Print it out if you think it may be useful when counselling patients.
- Update your knowledge of ursodeoxycholic acid by reading the BNF section 1.9.1 Drugs affecting biliary composition and flow.
- Revise your knowledge of pancreatitis and jaundice from the Patient UK website www.patient.co.uk/showdoc/23069113 and www.patient.co.uk/showdoc/40000831.

Evaluate

- Are you confident in your knowledge of gallstones, their formation and risk factors? Are you familiar with the symptoms that gallstones can cause and the complications that may occur? Could you advise patients about their diet and lifestyle?



Colgate Sensitive is clinically proven to provide relief from dentine hypersensitivity, great taste, and everyday protection for teeth:

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Ref: Comparative study versus a leading sensitive paste, Hu D et al, J Clin Dent 2004; 15(1): 6–10.
- Unbeatable tactile sensitivity scores after 8 weeks
Ref: Comparative study versus a leading sensitive paste, Hu D et al, J Clin Dent 2004; 15(1): 6–10.
- Unbeatable taste compared to other sensitive toothpastes
Ref: Data on file, Colgate-Palmolive.

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PRODUCT INFORMATION	Product Summary, Trade Name of the Medicinal Product: Colgate Sensitive
Indication	Indication: For the treatment of teeth sensitivity and canes. Contraindications: There are no contraindications in patients who are known to be sensitive to any of the ingredients.
Special Warnings and Precautions for Use	There are no special warnings and precautions. The product is for use as a toothpaste. Children under 7 use a pea-sized amount for supervised brushing. If fluoride supplements consult your dentist. Interactions with Other

Medicaments and Other Forms of Interaction: There are no known side actions with other drugs. It is important to note that as for any article containing toothpaste, its inclusion under systemic fluoride therapy, it is important to evaluate the total exposure to fluoride (fluorosis). **Undesirable Effects:** None described. **Legal Class:** GST. **Product Licence Number:** PL 00049-0033. **Product Licence Holder:** Colgate-Palmolive (UK) Ltd, Guildford Business Park, Wokingham Road, Guildford, Surrey GU2 8JZ. **Recommended Retail Price:** £2.29 (75ml tube). **Date of (Partial) Revision of the Text:** 17 March 2003.

Category M Barometer

Last year's trend for a modest quarterly decline in average reimbursement prices for generic products in category M continues into the second quarter of 2009.

April's tariff shows a 0.9 per cent quarter-on-quarter decrease spread evenly across the basket of products in category M, with very few drastic changes of greater than 20 per cent. As a result, the Category M Barometer Index has moved down to 94.2 from the previous quarter's figure of 95.1.

The adjustment this quarter is in the region of minus £15 million, which equates to an annualised reduction of £60m. This leaves the total value of category M products at almost £1.4bn.

Looking back to Q4 2007, the Category M Barometer indicates how stable the tariff has remained over the last year.

By making quarterly tweaks the Department of Health has gradually removed the required amount out of the tariff while spreading out the negative impact on pharmacists' bottom line.

Analysis with Generic Eric

Across the whole range of 515 products, 241 were reduced and 207 were increased, leaving 67 products unchanged. The good news for this quarter is that the reimbursement tariff for the majority of the so-called 'penny lines' remains unchanged after being significantly increased at the end of 2008. This will be welcome news for those expecting a reasonable profit to reflect the

- £60m*



*The annualised amount of money removed via category M

costs associated with procuring and storing generic medicines.

In a year where the economy is weaker than it has been for over a decade, pharmacists must analyse where the value in their businesses exists and focus accordingly. Services payments will become increasingly critical alongside shrewd purchasing practices, dispensing the appropriate pack sizes and profiting from new generics as they become available.

Impact on the top 20 lines

The reimbursement prices for the most commonly dispensed lines by volume remain

largely unchanged this quarter, with an annualised amount of £3.6m removed from these lines (almost £900k per quarter).

If, however, we look back at these products over the course of Category M (see table below) we can see that the reimbursement levels have fluctuated significantly. In Q4 2007, over half of the value was removed as the index dropped to 30.2. These products have since started to enjoy a resurgence.

For further details, including the top risers and fallers this quarter, plus potential new generic launches for 2009, visit the Category M Barometer page on the C+D website at: www.chemistanddruggist.co.uk/catm

Index of top 20 dispensed lines

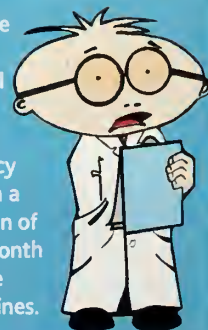


Data and analysis supplied by Actavis

Generic Eric's fact file

- 2009 Q2 Tariff Impact = £896k removed
- Since Q1 08 to date = £80m added to the bottom line

- Since the start of Cat M the average pharmacy has seen a reduction of £5k a month on these top 20 lines.



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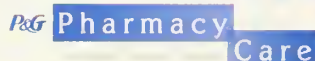
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TEVA UK LIMITED

Commercial director of Co-operative Pharmacy Gordon Farquhar reveals the secrets of its pet medicines success to **Fiona Salvage**

**CREDIT CRUNCH
SURVIVAL
GUIDE**

5 STEPS TO Pet heaven

Step 1 Research

Research the market sector – what's the size of the prize? The market for prescriptions and sales of medicines for companion animals is around £165 million per annum, with the pharmacy market taking £6.1m of non-Rx product sales in 2008. A change in legislation allows pharmacists to sell certain pet medicines (NFA-VPS non-food animal medicine-veterinarian, pharmacist or suitably qualified person) that previously were only available through vets. Pet medicines are high value items and can therefore bring in a good profit margin.

Do some market research. Do your customers want this service? Will they buy it from you? The Co-operative Pharmacy's research revealed its customers saw pets as part of the overall family, says Mr Farquhar, and they want pharmacists to care for all the family's health needs.

Step 2 Contact manufacturers and wholesalers

Use their knowledge and expertise in this area. Tell them what you're planning and ask for their help. Manufacturers provided Co-operative Pharmacy with training DVDs and manuals, and they could also help when it comes to marketing the service (see Step 5).

Step 3 Training

The Co-operative Pharmacy used face to face training to start off with, followed by DVDs and training packs. But it's also important to know who you want to deal with the service. The instinct of knowing when a situation is out of your areas of competence is as important with animals as it is with humans. "Pharmacists are well positioned because they know when to refer on," says Mr Farquhar. And their caring approach goes down well with the customers, he adds.

Step 4 Trial it

Pharmaceutical companies don't launch new products without trialling them first and neither should you. And just because you've only got one store doesn't mean you can't do a trial. Just pick a selection of products and monitor sales and enquiries. After the end of a month or so, look at the results. Did they sell? Did sales improve after you encouraged the team to promote them? What lessons can you learn for the launch?

Step 5 Promote it

You've got something new, so make a song and dance about it. "Paw was a key part," says Mr Farquhar, who was interviewed by the BBC's Declan Curry on Business Breakfast about the launch. Local newspapers, radio and websites are always looking for news, so contact them. Take a leaf out of the Co-operative's book and do door drops, direct mail (or leaflets in prescription bag) and marketing instore. Contact the manufacturers and see if they have point of sale material. Posters in the window will make customers aware of your new range. Then make sure you deliver the service well.

These techniques could work with many other services. Mr Farquhar says he challenged his team to have an open mind and be willing to innovate. What could your team come up with?



Step into spring

Compeed Blister Patches will be hitting UK streets and TV screens this spring and summer, targeting fashion-

conscious women at the key time of year for blisters when socks and boots make way for bare feet and summer shoes.

A new national TV campaign for the blister patches will

begin on major TV channels and satellite channels on May 18. Set on a fashion catwalk, the ad shows how the product can stop blister pain and help women wear their shoes more comfortably.

In a nationwide sampling campaign, over 700,000 blister plasters will be handed out in bars and clubs nationwide for a month from April 29. The samples will highlight the chance to win a trip to New York and drive consumers to the new Compeed website.

Product info:

Johnson & Johnson
Tel: 01628 827975

www.beunstopplable.co.uk

Close encounters



Macleans will be back on TV this month as part of GlaxoSmithKline Consumer Healthcare's £2.9 million advertising spend for the brand this year.

On air from April 6, the campaign will feature the brand's 30-second 'Close Encounter' commercial along with a shorter 10-second advert to support the newly launched Macleans

Confidence iso-active toothpaste.

The commercial is themed around the confidence to get up close. A couple are seen in a chance encounter dancing romantically on the street. The action then rewinds to show the woman using Macleans earlier in the day, with the voiceover "you never know when it's going to happen so be ready with Macleans".

Product info:

GlaxoSmithKline Consumer Healthcare
Tel: 0845 762 6637
www.MyPharmAssist.co.uk

Keep your Kool packs

Koolpak is launching its Hot & Cold therapy products into the retail market. The range comprises five different instant ice packs and reusable hot and cold packs for first aid and sports injuries. It includes Koolpak Original, Koolkids, Sport, Luxury Hot & Cold packs and Reusable Hot & Cold packs.

Koolpak Original single use disposable ice packs can be used

Prices: from £1.62 for Koolkids (pack of 2) to £4.27 for Luxury Reusable Hot & Cold packs (includes holster)

Pip codes: see C+D Monthly Price List or www.cddata.co.uk
Colorama Pharmaceuticals
Tel: 0800 515562



for instant pain relief caused by sprains, strains, bumps and bruises.

Koolpak Sport provides compact size cold therapy direct to the injured area and is suitable for touchline and courtside applications.

Koolkids instant single use ice packs are suitable for children's soft tissue injuries, headaches and general bumps and bruises.

Luxury Hot & Cold packs are reusable and can be used for treating soft tissue injuries and muscular pain. These soft, flexible packs

come with an elasticated compression cuff.

Reusable Hot & Cold packs are suitable for treating soft tissue injuries and muscular or joint pain when instant hot or cold therapy is not so vital.

GSK's domeshow hits the road

GlaxoSmithKline Consumer Healthcare is rolling out a nationwide roadshow to give the public a chance to experience iso-active technology, which has been introduced into the Aquafresh, Sensodyne and Macleans brands.

The dome at the heart of the roadshow aims to educate visitors on the benefits of iso-active technology,



a gel that transforms into an active foam to penetrate hard to

reach areas in the mouth.

Three free-standing canister-shaped pods, representing the three mouthcare brands, provide an opportunity for visitors to try their selected brand. Leaflets featuring a competition with three major holiday prizes will also be handed out at the roadshow.

Product info:

GlaxoSmithKline Consumer Healthcare
Tel: 0845 762 6637



No flies on Ben's

Arden Healthcare has repackaged its Ben's insect repellent range to help customers identify the correct repellent for their requirements.

The range is now colour coded: red designates 'safari strength' (95 per cent DEET) for travelling in areas where insect-borne disease is a threat; blue is 'European strength' (30 per cent DEET), which is sufficient for most general holiday use; and green is 'natural' (contains PMD), which is suitable for children

or those who prefer not to use a chemical formula. A fresh new look has also been introduced for After Bite treatment for bites and stings.

An eye-catching product display box and the informative 'What's bugging you?' leaflet are available.

Product info:

Arden Healthcare
Tel: 01584 781777
www.ardenhealthcare.com

Dentyl splashes out with citrus

The alcohol-free Dentyl pH mouthwash range has been extended with a new citrus variant.

Dentyl pH Minty Citrus Splash leaves the user with a fresh, citrus flavour in the mouth and is suitable for people who don't particularly like mint as a flavour. It is formulated to help fight 'morning breath' and more severe cases of bad breath.

Like all Dentyl pH mouthwashes, the formula comprises two stages – a water-based phase incorporating antibacterial agent cetylpyridinium chloride and an oil-based solution with natural essential oils that has to be shaken well before use.



The shaking action combines the two stages to create a solution that can lift and absorb 99.9 per cent of oral bacteria plus debris, such as food particles, bacteria and plaque from the mouth, says Dendron.

The bacteria, food debris and other deposits on the teeth are all visible as small brightly coloured masses that the user can see in the sink.

The manufacturer recommends using the product twice daily.

Prices and Pip codes:
£2.49/250ml, 341-0206;
£3.99/500ml, 341-0214
Dendron; tel: 01923 229251

Impact of hair loss



Lifes2good is sponsoring Hair Loss Awareness month in May to support its Viviscal range of natural hair loss supplements. The campaign aims to increase awareness of hair loss and provide sufferers with advice and support.

The company is also commissioning academic research into the hidden impact of hair loss from Dr Nigel Hunt, an associate professor in health psychology at the University of Nottingham. His research will be published on May 1 and will be available to download

from the Viviscal website.

The website will be relaunched in May to include a discussion room for hair loss sufferers to share experiences, video testimonials documenting real-life accounts from sufferers and the chance to pose questions directly to Dr Deborah McManners.

Product info:
Trinity Sales & Marketing
Tel: 01235 838590
www.managinghairloss.com

Retail TALK

Did Mother's Day help you boost sales of fragrance/beauty products?

WEB VERDICT:

Yes: ☒ 75%

No: ☐ 25%

Off the shelf view: A majority verdict this week, with three-

quarters of pharmacies using Mother's Day to their advantage.

This week: Will Alli help you develop weight loss sales? Vote online at www.chemistanddruggist.co.uk/prodnews

No holding back

Zirtek will be in the public eye this spring and summer with a new advertising campaign that coincides with the peak hayfever season.

The brand, which contains cetirizine, will be supported by national TV advertising during May and June, and a press campaign in national magazines starts this month.

Designed to emphasise summer fun and enjoyment, the campaign focuses on the message that Zirtek can help the user to enjoy summer by relieving the symptoms of hayfever.

There is also a new look for the brand's website, which provides useful information for hayfever sufferers including a pollen count that is updated daily during the peak season.

Richard Bruggraber of UCB commented: "We are confident our extensive support programme will



contribute significantly to sales in the coming season."

Product info:
UCB Pharma
Tel: 01753 534655
www.zirtek.co.uk

Spots are good to go

Reckitt Benckiser has expanded its Clearasil range with a portable spot treatment delivered via a precision pen applicator.

Clearasil Ultra Spot Blocker Pen is designed to be applied as soon as a new spot is felt. It has a salicylic acid formulation, which is said to leave no unsightly residue.

"The product starts to work on contact, absorbing quickly to deliver ingredients direct to the pore to stop spots in their

tracks," says Reckitt Benckiser.

The launch is being supported by TV and cinema advertising as part of the 'Clearasil may cause confidence' campaign, which is set to run on TV, cinema, online and in-store throughout this year.

Price: £6.84/1.9ml
Pip code: 343-8009
Reckitt Benckiser
Tel: 01793 732000



Products advertised on TV next week

Imodium
INSTANT RELIEF

DulcoEase: A, HTV, CTV, W, M, five, GMTV, Sat

Hedrin: five, GMTV, Sat

Seabond: All areas

Seven Seas JointCare and Cod Liver Oil: All areas

Sudocrem: All areas

PharmaSite for next week: Panadol – windows, Panadol – in-store

Panadol – dispensary

A-Anglia, B-Border, C-Central, C4-Channel 4, five-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

Tip of the iceberg

Mark Greener looks beneath the surface of the murky world of counterfeit medicines

In March, the Medicines and Healthcare products Regulatory Agency (MHRA) enforcement team seized counterfeit, unlicensed, withdrawn medicines and controlled drugs worth more than £250,000 during raids on five locations in Stoke-on-Trent. The MHRA believe that the raids removed "the tip of the iceberg" from an alleged "multi-million pound illegal online medicines business".

Indeed, the global trade in counterfeit medicines is worth approximately \$35 billion annually. The World Health Organization (WHO) estimates that 6 to 10 per cent of medicines worldwide are counterfeit. "Counterfeiting can apply to both branded and generic products and ... may include products with the correct ingredients or with the wrong ingredients, without active ingredients, with insufficient active ingredients or with fake packaging," the WHO comments. In the UK, counterfeit medicines typically contain reduced levels of the active ingredient.

The risk of receiving a counterfeit varies markedly worldwide. More than 30 per cent of medicines sold in some developing countries (such as parts of Africa, Asia, and Latin America) could be counterfeit. For example, health officials estimate that 70 per cent of drugs in circulation in Nigeria are either fake or adulterated. In many former Soviet republics counterfeit medicines account for more than 20 per cent of the pharma market. So it's worth reminding travellers to developing countries and former Soviet republics to be vigilant. In contrast, counterfeit medicines accounted for 1 per cent of pharmaceutical sales in the industrialised world. Nevertheless, the WHO notes "we must keep in mind that indications point to an increase in the prevalence of counterfeit medicines even in developed countries".

Indeed, the MHRA has seized more than £6 million worth of counterfeit medicines since 2006 and recalled nine counterfeit medicines between April 2004 and June 2007. The fake brands included Lipitor (atorvastatin), Cialis (tadalafil) and Plavix (clopidogrel). Wholesalers reported a further five incidents involving counterfeit medicines. Illegal internet pharmacies fuel the trade: the WHO estimates that half of medicines purchased over the internet from sites that conceal their physical address may be counterfeit.

Against this background, the MHRA and RPSGB issued joint advice to pharmacists to minimise the threat posed by counterfeit medicines:

- Patients detect most of the counterfeit medicines reported. Pharmacists should record such concerns and inform the MHRA immediately.
- The advice stresses the importance of purchasing medicines from reliable, trusted wholesalers and suppliers. Pharmacists should conduct due diligence checks, consider establishing a list of approved suppliers and



reviewing their systems regularly.

- Pharmacists should ensure alternative suppliers provide the minimum following details: a pedigree to the previous source and certify that the product was not diverted; certify that any actions they took did not alter original warranties or guarantees; and certify that the product's storage and handling is consistent with the label.
- Pharmacists should consider developing a list of key products that they will not purchase from sources other than the manufacturer or authorised distribution channel.

Meanwhile, pharmacists should remain vigilant for counterfeit medicines, especially if a supplier is offering an unusually cheap product. Pharmacists should, for example, examine packaging for signs of a removed or switched product label. Counterfeiters often use lighter fluid, acetone or another solvent to remove the original label. Such solvents may leave a tacky residue, or fade or discolour the replacement label's edges.

Altered expiry dates offer another clue.

Counterfeiters commonly purchase 'short-dated' products and alter the labels. Indeed, subtle changes in the pack's presentation or design may indicate a counterfeit. You could look for differences in paper texture; the label's size and thickness; the paper's gloss or finish; fonts and font sizes, including the printing on flaps and surfaces; and print colour or raised print. Changes to security features, such as holograms or colour shifting inks, offer another warning sign as do breaks or tears in the sealing tape and seals. You could also check containers for variations in length, shapes, diameters (such as bottle openings or lids), the thickness of glass or plastic, and colour tints.

It is worth checking the product's physical characteristics. Consider whether the product has changed colour, or whether the tablet's or capsule's markings, shape and thickness have altered. The weight of a counterfeit medicine may also vary more widely than a legitimate brand. Obviously, pharmacists need to distinguish these from the differences seen with legitimate parallel imports. Furthermore, pharmaceutical companies may change the packaging or product's physical characteristics

from time to time. The legitimate manufacturer's medical information department should be able to inform you about any approved packaging changes.

Pharmacists should report any suspected counterfeit medicines to the MHRA. Pharmacists should also pass on information that may assist the MHRA identify counterfeiters. Contact the Enforcement Group (counterfeit@mhra.gsi.gov.uk), ring the 24-hour dedicated hotline (020 7084 2701) or write to: Counterfeits, The Intelligence Unit, MHRA, Market Towers, 1 Nine Elms Lane, London SW8 5NQ.

For more information

MHRA guidance for pharmacists on counterfeit medicines

<http://tinyurl.com/MHRAcounterfeitpharmacist>

MHRA facts on counterfeits

<http://tinyurl.com/MHRAcounterfeitfacts>

World Health Organization statistics on counterfeits

<http://tinyurl.com/WHOcounterfeitstats>

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CAREER LADDER



Raj Haria

At Avicenna...

Raj Haria has been promoted to the role of director at Avicenna. He retains his responsibilities for sales and business development. Mr Haria joined the buying group from former rival Nucare a year ago and has been credited with its successful growth from 700 to over 1,000 members in that time. CEO Salim Jetha said Mr Haria had brought "a wealth of experience" to Avicenna.

The buying group has also appointed Sally Johnson as brand manager on maternity cover. She has experience of marketing with Smirnoff vodka and Parker pens.

At the NPA...

Adrian Palmer has been appointed director of finance at the NPA, where he joins the executive management team alongside chief executive John Turk, director of member services David Coorey and director of NPA Insurance Paul Coleman. Mr Palmer was previously finance director at chartered loss adjusters the Davies Group.



Adrian Palmer

Do you have a career-related question for C+D?

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Looking for a new job? Got a staff problem? C+D's new weekly careers section is your one-stop guide to making the right decisions

A day in the life...

... of Tesco pharmacist and regional manager **Kirsty Harden**

Two years ago I was approached to do a part-time role as a regional manager looking after the eight Scottish Tesco pharmacies. The contract in Scotland was really changing at that time and it was felt it would be good to have someone who understood where the Scottish contract was going.

I was immediately interested because I'd been doing the pharmacy manager role for 12 years and was ready for a new challenge – but the nice thing was I could still work in my Falkirk store two days a week, so I wasn't going to lose my clinical time with customers and day-to-day knowledge.

So I do two very distinct things. It's nice to do both. When I'm regional I'm going round the other pharmacies to see how they're getting on and what support they need, and doing the clinical governance of checking standards. It's roughly an 8am to 5pm day.

I'll get up and check my emails and then usually have a route planned out of which stores I'm going to visit. The region I cover is fairly wide – from Galashiels to Greenock and Aberdeen to Inverness. So it's quite a large region and there's a little bit of travel, which is probably the bit I like least – but then you do see lots of nice countryside and it gives you a chance to catch up on your emails on the train.

If I'm around at lunchtime I'll go for lunch with the pharmacy manager, or the team if they're about in the canteen. It's nice to relax and have a bit of a chit-chat with them so it's not all work, work, work.

Tesco, pharmacy-wise, is not huge – so it's a multiple with all the organisational aspects that go with a large company but, actually, pharmacy head office is not that big so I know all the people there. So it's a nice combination, because although it's a big corporation the actual pharmacy bit isn't so big that you can't get to know people and have fun with that.

When I'm a pharmacist I quite often do a 12 to 8pm



“The feeling I'm making a difference keeps me going”

shift. I love it because you get a long lie-in and if you've got a gas man coming it's not a big drama – it makes life simple, having shift work. When I'm doing a late shift the pharmacy manager leaves after he's given me a break at around 3.30pm, when I go for something to eat.

Increasingly, Monday evenings are getting busy because a lot of the doctors' surgeries are now opening later on a Monday, and Friday is always a busy day. Otherwise, we get rolling patterns depending on school holidays and the weather – the more you try to work out a pattern the more you see there isn't one!

I like it when there are lots of customers waiting to speak to the pharmacist and you can chat to them, and if you're not too busy with prescriptions you can spend a bit more quality time with them. I'm very proud of the way we've got

behind the new Scottish contract, particularly the minor ailments scheme – it's such a great thing for customers. When you get to spend some time with a worried mum and you can help her out with her children's medicines, that's something I really feel is a highlight we have achieved. The feeling that I'm helping and making a difference, an improvement, to things keeps me going.

When I get home my husband usually has my dinner ready for me – he's very good! I like watching rubbish TV and I have a nice vegetable garden plot, so I enjoy spending some time in there if it's nice weather. At the weekend I'll go for walks or to the cinema with friends.

I'm 19 weeks pregnant so what's next for me is motherhood, which I'm just so excited about. Then I guess it's really working out how to combine pharmacy life with my new life as a mum, because I don't want to stop being someone who works within pharmacy – that's important to me. I'm very lucky that I'm in a job where it's easy to do part-time if that's what you feel you want to do.

CAREER TIP of the week

"Believe you can. You don't hope for the best, you don't pray for it, you visualise yourself doing it. The next time someone says, 'Can you do something?' say, 'Yes' and then work out how you are going to get it done."

From *The secrets of success at work*, by Richard Hall

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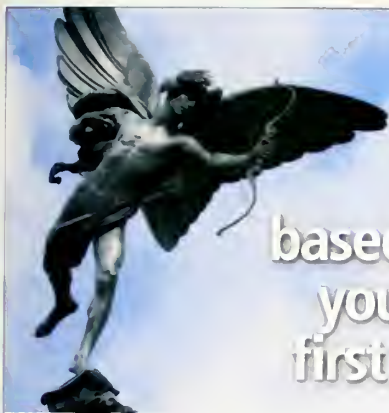
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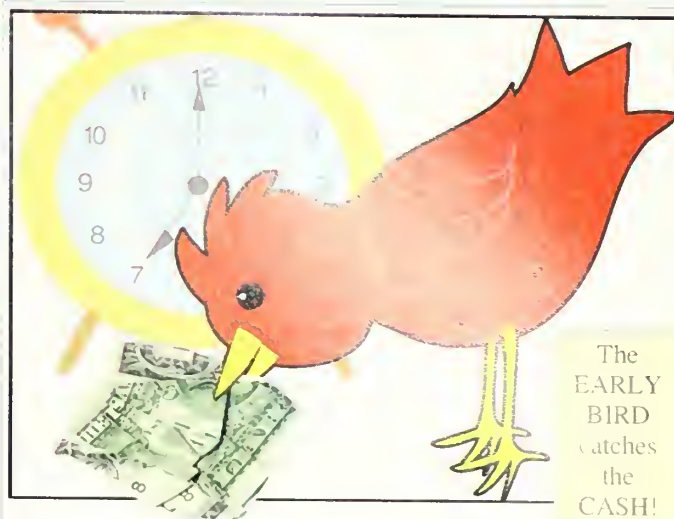
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postscript

Numark hits Dubai...

...with more than a little style, says **Zoe Smeaton**, reporting from its international conference

Shark-surrounded water slides, James Bond, night time camel rides, and chocolate-coated marshmallows for breakfast... the Numark conference in Dubai had it all this year. Hosted at the Atlantis Hotel on the Palm Jumeirah, a man-made island built in the shape of a palm tree, the conference was never going to be a low-key affair.

As delegates gathered on the first night, having spent their day touring the old city, discovering the Aquaventure Water Park or just starting 2009's tan, the hot topic was the flight, or rather which films had been watched. James Bond was a favourite for many, with others opting for quieter options such as Australia and Changeling.

That evening's chocolate fountain made a good start to the week. Certain Numark members of staff were spotted collecting seconds and possibly thirds, and even one diabetic patient was tempted by the marshmallows. Little did they know the fountain was to make yet more appearances, strangely at breakfast, alongside curries, oriental offerings and more traditional morning fare (extra sweet pineapple being in highest demand).

The morning conference sessions started with a bang, with John D'Arcy telling delegates that although change always seems to be upon us, this time it really is.

Alongside the serious business tips came laughs aplenty. The sexual health workshop was bound to get a giggle at 9am, but of particular note was a tale recounted in which one patient, when asked how many new partners they had had in the last six months, responded with a figure over half a century.

The mysterious 'man in the pink shirt' cannot go without a mention for his business insights, despite his desire

to remain anonymous in the pharmacy press. And most delegates seemed to enjoy the open Q&A session with Numark leaders, which quickly turned to quibbles with one pharmacy wholesaler. Apparently the wholesaler had told one customer it "never made mistakes", news the pharmacist welcomed when one later statement charged him too little.

The afternoons saw most delegates enjoying the sunshine (although not on the man-made beach, which was quickly found to have only a thin layer of sand covering the concrete) and the water park, where several girly screams could be heard from men braving the Leap of Faith – a 27.5 metre near-vertical drop into a clear tunnel submerged in a shark-filled lagoon – and the hot topic of discussion was which bikinis would hold up best. Bond-girl costumes were quickly abandoned.

For the not-so-fortunate there was work to be done, and thanks must go to all delegates who braved the afternoon heat in conference attire to complete video interviews for C+D (see the conference video at www.chemistanddruggist.co.uk/tv).

The highlight for many had been a session on marketing, which got pharmacists thinking about how best to showcase their businesses to compete with other retailers in the difficult economic climate. For others it was the revelation that a diabetic patient is worth £4,000 per year to a pharmacy – a fact one business expert (who also happened to be diabetic) said he would be using to his advantage when dealing with pharmacists back home.

As the conference came to a close, there were more than a few tired faces boarding the flight. And for those not snoozing the whole way back, there was a very British ending as delegates enjoyed more Bond watching and scones with strawberry jam and clotted cream.



Watch Zoe Smeaton's video report on the Numark conference
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Numark interim managing director tests his camel-riding skills (top); the Atlantis Hotel provided a spectacular backdrop (middle); the hotel's sea theme was evident throughout (bottom)

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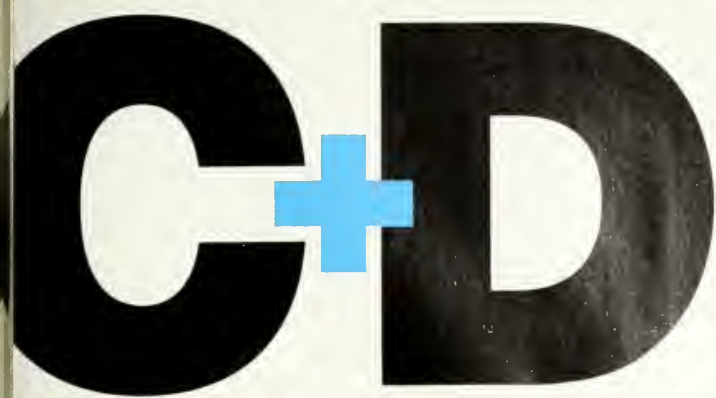
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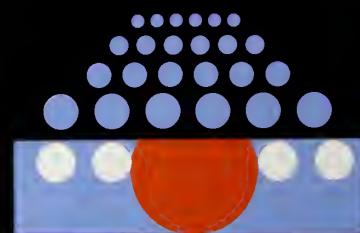
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References

1. Prescribing and Dispensing Newsletter, July 2007. NHS Business Services Authority (www.nhsbsa.nhs.uk)
2. Data on file (53511), Goldshield Pharmaceuticals Ltd. 3. Data on file (53231), Goldshield Pharmaceuticals Ltd.
4. Brunner M et al. Br J Clin Pharmacol 2005; 60(5): 573-7.



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